



Please type or print in ink.

12 MAR -2 PM 12:30

NAME OF FILER (LAST) HUEBNER (FIRST) PETER (MIDDLE) W

1. Office, Agency, or Court

Agency Name

SIERRA COUNTY COUNTY SUPERVISOR
Division, Board, Department, District, if applicable Your Position
BOARD OF SUPERVISORS

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ Multi-County SEE LIST ☒ County of SIERRA
☐ City of _____ ☒ Other MEMBER COUNTIES

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or- The period covered is ____/____/____, through December 31, 2011.
☐ Leaving Office: Date Left ____/____/____ (Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Assuming Office: Date assumed ____/____/____
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 01-19-2012
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
216 FORTY NINER DR

CITY
SIERRA CITY, CA 96125

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000
5/2/06 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
_____/_____/11
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
Wells FARGO BANK

ADDRESS (Business Address Acceptable)
PO BOX 10368

BUSINESS ACTIVITY, IF ANY, OF LENDER
Des Moines, IA 50306-0368

INTEREST RATE TERM (Months/Years)
3.7 % ☐ None 10 YEARS

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

AIR QUALITY OF N. CA

ADDRESS (Business Address Acceptable)

PO Box 2509

CITY AND STATE

GRABBS VALLEY, CA 95945

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 1/1/11 - 12/31/11 AMT: \$ 1691.48
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

TRAVEL TO BOARD MEETINGS

► NAME OF SOURCE

CSAL-EIA

ADDRESS (Business Address Acceptable)

75 IRON POINT Circle #200

CITY AND STATE

FOLSOM, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

EXECUTIVE MEETINGS

DATE(S): 1/1/11 - 12/31/11 AMT: \$ 2702.09
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

TRAVEL, LODGING, MEALS

► NAME OF SOURCE

MORTEC

ADDRESS (Business Address Acceptable)

7420 SKY WAY

CITY AND STATE

PARADISE, CA 95969

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 1/1/11 - 12/31/11 AMT: \$ 1318.42
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

TRAVEL, LODGING, MEALS
BOARD MEETINGS

► NAME OF SOURCE

TRINDEL INS. FUND

ADDRESS (Business Address Acceptable)

PO BOX 2069

CITY AND STATE

WEAVERVILLE, CA 96093

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 1/1/11 - 12/31/11 AMT: \$ 1113.53
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

BOARD MEETINGS
TRAVEL, MEALS

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>County of SIERRA</u>	
ADDRESS (Business Address Acceptable) <u>COURT HOUSE</u>	
CITY AND STATE <u>Downieville, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>6953.70</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>County Travel to</u> <u>meetings</u>	

▶ NAME OF SOURCE <u>TRANSPORTATION Dept.</u>	
ADDRESS (Business Address Acceptable) <u>COURT HOUSE</u>	
CITY AND STATE <u>Downieville, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>250.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>TRAVEL to meetings</u>	

▶ NAME OF SOURCE <u>RCRC</u>	
ADDRESS (Business Address Acceptable) <u>1215 K Street</u>	
CITY AND STATE <u>SACRAMENTO, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>232.32</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>BOARD Meeting</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____

JURISDICTION OF OFFICE

MULTI-COUNTY

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Lassen
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa

Nevada
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Joaquin
San Luis Obispo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba

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